

AUG 8 2005

PTO/SB/21 (09-04)

TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

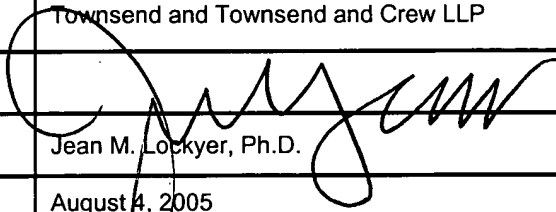
Total Number of Pages in This Submission

Application Number	09/870,353
Filing Date	May 30, 2001
First Named Inventor	Wang, Yan
Art Unit	1652
Examiner Name	Richard Hutson
Attorney Docket Number	020130-000111US

## ENCLOSURES (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form   | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                             |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences      |
| <input checked="" type="checkbox"/> Amendment/Reply-"Amendment"   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)  | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input checked="" type="checkbox"/> Extension of Time Request- 3 mos. per PTO/SB/22 enclosed in duplicate | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):          |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Request for Refund   | Return Postcard  |
| <input type="checkbox"/> Information Disclosure Statement   | <input type="checkbox"/> CD, Number of CD(s) _____                                      |  |
|   | <input type="checkbox"/> Landscape Table on CD  |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)   | Remarks   | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application                                   |   |  |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53                                 |   |  |

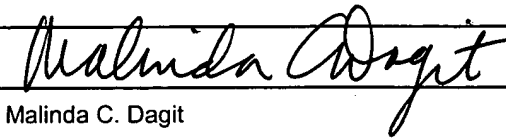
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Jean M. Lockyer, Ph.D.		
Date	August 4, 2005	Reg. No.	44,879

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature



Typed or printed name

Malinda C. Dagit

Date

4 Aug. 2005